

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT UNDER THE  
CIVIL RIGHTS ACT, 42 U.S.C. SECTION 1983**

**In the United States District Court  
District of MASSACHUSETTES**

GEORGE WOODEN JR.

Enter above the full name of the plaintiff  
in this action.

**VS.**

F.M.C DEVENS

MAUREEN BURKE

F.M.C. DEVENS PHARMACY

Enter above the full name of the defendant  
or defendants in this action.

**04-40254**

**I. Parties**

(In item A below, place your full name in the first blank and place your present address in the second blank.  
Do the same for any additional plaintiffs.)

A. Name of Plaintiff GEORGE WOODEN JR. REG#56075-066

Current Address FEDERAL MEDICAL CENTER BUTNER

P.O. BOX 1600 BUTNER NC. 27509

(In item B below, place the full name of the defendant in the first blank, his official position in the second  
blank, and his place of employment in the third blank. Use item C for the same information regarding any  
additional defendants.)

B. Defendant MS. MAUREEN BURKE is

employed as CONTRACTOR NURSE

at FEDERAL MEDICAL CENTER DEVENS P.O. BOX 879 AYER, MA. 01432

C. Additional Defendants \_\_\_\_\_

**II. Statement of Claim**

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also  
include the names of any other persons involved, dates and places of events. You may cite Constitutional  
Amendments you alleged were violated, but do not give any legal arguments or quote any cases or statutes.

If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. (Attach additional sheet if necessary).

On 8-11-03 nurse MAUREEN BURKE bought me the wrong medication while housed in special housing unit room 312( note i had no cellie). IT had my name on the pharmacy bag but someone else's name on the perscription bags. The inmate name who's medication it was supposed to go to go to his name is DEBERRY COLOMBU EDDIE REG # 12648-058. I TOOK A weeks worth of DILTIAZEM 120 mg & AMLODIPINE 5 mg. These medications made me sick for days blurred vision dizzy for days severe back pain stomach aches low blood pressure & swollen ankles. I saw DR. NEWLAND prior to taking the medication & He said that he was going to perscribe me MEDS for my sickle cell pain & something for my foot fungus. cont.

### III. Relief

Briefly state exactly what you want the court to do for you. (Make no legal arguments. Do not cite cases or statutes.) I WANT THE PHARMACY INVESTIGATED TO SEE WHO GAVE ME THE

WRONG MEDICATION I WANT HIM OR HER OR THEM TERMINATED &

MEDICAL LICENSE REVOKED & NEVER BE RE INSTATED FOR MEDICAL

MALPRACTICE , NEGLIGENCE BODILY HARM PAIN & SUFFERING

I WANT ACTUAL DAMAGE MONETARIES & PUNITIVE DAMAGE MONETARIES

OF \$\$\$ FIFTY-FOUR MILLION DOLLARS \$\$\$

\$\$\$54,000,000\$\$\$

(X) Jury Trial

( ) Non-Jury Trial

IV. Place of present confinement FEDERAL MEDICAL CENTER BUTNER

A. Is there a prisoner grievance procedure in this Institution? (X) Yes ( ) No

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

(X) Yes ( ) No

C. If your answer is Yes:

1. What steps did you take? BP-8 $\frac{1}{2}$  & BP-9 & BP-10 & BP-11

2. What was the result? ALL OF MY ADMINISTRATIVE REMEDIES WERE DENIGHED.

ATTACHMENT SHEET

-so i thought that that was the medication that DR. NEWLAND mentioned to me.I talked to MS. GODJIKIAN mid level provider and DR.SMITH days after the incident.On 8-15-03 the phlabodamist took my blood & i had an infection in my blood due to the wrong medication that the pharmacy perscribed.

ON 8-20-03 the nurse bought me some CEPHALEXIN 500 mg caps. MS. MAUREEN BURKE the hired contractor nurse bought me the wrong medication.

MS.GODJIKIAN IS THE MID LEVEL PROVIDER THAT I TALKED TO.

MR. DR. SMITH IS THE PERSON I ALSO TALKED TO AFTER THE INCIDENT.

DR. NEWLAND IS OR WAS MY DOCTOR.

MEDICAL MALPRACTICE , NEGLIGENCE, BODILY HARM, PAIN & SUFFERING.

FEDERAL MEDICAL CENTER BUTNER

GEORGE WOODEN JR.

P.O. BOX 1600 BUTNER NC. 27509

PLAINTIFF

MR. GEORGE WOODEN JR.

REG # 56075-066

*George Wooden Jr.*

CC: 04cc.04

J.M.P.

PART 2

ATTACHMENT SHEET

I WOULD LIKE THE FOLLOWING PEOPLE SUBPOENA FOR COURT

AS A CHARACTER WITNESS ON MY BEHALF.

THESE PEOPLE ARE RELEVANT TO MY SUIT.

MS. GODJIKIAN MID LEVEL PROVIDER

MR. DR. SMITH

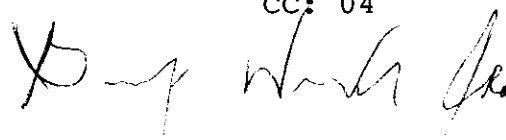
MR. DR. NEWLAND

CORRECTIONAL OFFICER MR. STEVE MARTIN

SINCERELY

GEORGE WOODEN JR.

CC: 04

A handwritten signature in dark ink, appearing to read "George Wooden Jr.", is written over the typed name and CC information.

D. If your answer is **NO**, explain why not. \_\_\_\_\_

E. If there is no prison grievance procedure on the institution, did you complain to the prison authorities?  
 ( ) Yes ( ) No

F. If your answer is **YES**:

1. What steps did you take? \_\_\_\_\_

2. What was the result? \_\_\_\_\_

## V. Previous Lawsuits

A. Have you ever begun other lawsuits in any state or federal court relating to your imprisonment?  
 ( ) Yes (x) No

B. If your answer to A is **YES**: You must describe any lawsuits, currently pending or closed, in the space below. (If there is more than one lawsuit, you must describe the additional lawsuits on another piece of paper, using the same outline.)

### 1. Parties to previous lawsuit:

Plaintiff(s) \_\_\_\_\_

Defendants \_\_\_\_\_

2. Court (if federal court, name the District; if state court, name county): \_\_\_\_\_

3. Docket number: \_\_\_\_\_

4. Name of Judge to whom case was assigned \_\_\_\_\_

5. Disposition (was the case dismissed? Appealed? Still pending?) \_\_\_\_\_

6. Approximate date of filing lawsuit \_\_\_\_\_

7. Approximate date of disposition \_\_\_\_\_

**I declare under penalty of perjury that the foregoing is true and correct.**

9 10 04

(Date)

*[Signature]*

(Signature of Plaintiff)

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